

**Exhibit M**

**North Shore Medical Center**

## **I. North Shore Medical Center**

The Ombudsman's representatives arrived at the North Shore Medical Center in the early afternoon on July 2, 2024, and were greeted by the Hospital President in the lobby. The lobby is large and clean with ample seating for visitors. The Ombudsman's representatives met briefly with the Hospital's President, the CNO, and the Director of Quality Management (the "DQM"). The Ombudsman toured the Hospital on July 1, 2024 with the President and met with senior leadership to give an introduction to them regarding the work plan of the Ombudsman.

The Hospital has 337 licensed beds with an average daily census of 83 patients. On the day of the visit, the census was 84 patients. A request was placed for turnover rates, the hand hygiene policy, the staffing guidelines, and actual staffing for the last several days – all of which were provided by the CNO.

The President/CEO provided the Ombudsman's representatives with a list of non-functioning equipment which included two chillers, one boiler, a lift pump station, four elevators, and a dishwashing machine. On the day of the visit, the Hospital was renting a 250-ton Carrier chiller, a 550-ton Trane chiller, and a lift pump station from United Rental. Diversey, an equipment repair vendor, is expected on site to fix the dish washing machine.

A tour was conducted in the ED, neuro intensive care unit (the "Neuro ICU"), coronary care unit (the "CCU"), Tower 4, the OR, pre-op/PACU, SPD, central supply, the pharmacy department, case management and the kitchen. An interview with the infection control practitioner (the "ICP") was conducted.

## **II. Emergency Department**

The ED has 28 beds with a current census of 15 patients. The nursing staff told the Ombudsman's representatives that they were staffed "okay." On the day of the visit, there were

seven nurses working in the ED -- one triage RN, one charge RN, and five RNs caring for patients -- and two ED technicians. According to the nurse manager, the minimum number of staff in the department is four RNs from 4:00 a.m. to 7:00 a.m. plus two technicians. A review of staffing for the last week indicates that the staffing patterns at night show a minimum of five RNs scheduled and medical surgical nurses being sent to the ED to help.

The triage nurse has an excellent view of the waiting area. Protocols are in place for sepsis, chest pain, and stroke. The nurse can initiate the protocols upon the patient's arrival. The left without being seen rate is less than 0.7 and, on average, the time from entry into the department until seen by a physician is less than 10 minutes.

The staff told the Ombudsman's representative that they had no issues with supplies although the biggest concern is the tube system (a procedure that is followed for lab specimens to be sent to the lab) is not working and they have to physically take specimens to the lab which is an eight-minute walk.

Orientation for a nurse in the ED lasts for 12 to 16 weeks. Initial competencies are done on all staff and thereafter, competencies are done annually.

### **III. Tower 2**

Located on the second floor is a 12 bed CCU, a 10-bed Neuro ICU, and a 20-bed stepdown unit that is currently closed. The ICUs use the same staff to cover both the Neuro ICU and the CCU. On the day of the visit there were six patients in the Neuro ICU. There were four RNs and one patient care technician assigned to the unit. There were nine patients in the CCU on the day of the visit with five RNs and one patient care technician staffed in the CCU. The charge nurse was not assigned patients and covered both areas. Although the staff RNs did not admit to any issues with staffing, a review of the daily staffing sheets (provided by the CNO) shows that the CCU

does, on occasion, assign three patients to one nurse. According to the staff, since the stepdown unit is closed, they keep the stepdown patients in the CCU and assign them on a 3:1 ratio. Physician coverage for the CCU and Neuro ICU is an intensivist model with a nurse practitioner covering the units 24 hours a day, seven days a week.

The Hospital also has a special unit that is designated to care for forensic patients (currently incarcerated at a local jail). These patients are in a locked unit. They are accompanied by two staff members from the jail and enter the Hospital in shackles. If they leave the locked unit for testing, the shackles are in place and the staff members from the jail accompany them throughout the Hospital as needed.

Nurse training orientation in this area is required for 10 to 12 weeks. Each nurse must complete initial competencies and then yearly competencies. In order to work in this unit, all RNs must also take a class to learn to read the cardiac monitors.

Quality projects for the CCU and Neuro ICU are the typical reduction of infection from invasive devices and reduction of Hospital acquired pressure ulcers.

Within the Neuro ICU there are two negative pressure rooms. All rooms were private rooms with the typical medical gases and suction available. The rooms were large enough for visitors and medical equipment.

A random review of charts shows patients are being assessed for pain using CPOT for non-verbal patients and a numerical scale for verbal patients. Additional assessments include falls, skin, and mental status.

#### **IV. Tower 4**

Tower 4 is a 34 licensed bed unit telemetry unit. There are three private rooms; two of the private rooms have negative pressure. According to the assistant nurse manager (the "ANM"), the

average daily census is between 16 and 22 patients. On the day of the visit, the census was 16 patients. There are three RNs plus the ANM staffed in this unit. Average nurse to patient ratio for this unit is five patients per nurse. Additional staff included two nursing assistants and one unit secretary.

A review of patient documentation showed patients being assessed and reassessed for pain as per Hospital policy. Additional documentation included the Braden Scale for skin, fall assessment, and mental status.

The nursing staff told the Ombudsman's representatives that there were no shortages in supplies or staffing. An inspection of the supply cart did not reveal shortages. A review of the voluntary RN turnover report (provided by HR) shows that between January 2024 and May 2024, the Hospital lost 54 full time RNs and 26 per diem RNs. The average headcount for full-time RNs was 255 and per diem RNs is 101.

#### **V. Interview with Infection Control Practitioner**

The ICP told the Ombudsman's representatives that the day begins by reviewing all the culture results in a system called Century 7. The ICP rounds on all units and requests the removal of invasive devices if possible. Hand hygiene audits are collected by various people throughout the Hospital. If employees are witnessed not washing their hands, a reminder is given immediately.

A review of the most current data at the time of the tour shows that the Hospital year-to-date does not have any blood stream infections related to central lines or foley catheters. In addition, they have reduced the utilization of both central lines and foley catheters. An additional review of their data indicates that there are no Hospital acquired pressure ulcers (bedsores), no Hospital acquired infections of C-Difficile, and no Hospital acquired MRSA (methicillin resistant staphylococcus aureus).

## **VI. Operating Room, Pre-Op/PACU, SPD**

The tour of the OR began with the Ombudsman's representative, the DQM and the RM being greeted by the OR director. There are currently seven OR suites at the Hospital, but one is being used for a clean utility area. Typically, they perform neuro, urological and general surgery cases, and a mix of others. The OR director reported that they only had two cases for surgery on the day of the visit and said that two cases were canceled due to the patient's financial status in one case and abnormal lab findings for the other case. The OR director said that it has been extremely difficult getting the equipment needed for their usual procedures. The OR director said that the process is much longer now since every request must go through the corporate office for approval. The OR director told the Ombudsman's representative that for many vendors, their status is cash on delivery with vendors because of the Hospital's non-payment history, which isn't feasible since the Hospital itself does not have the ability to pay for equipment at the time of delivery. The OR director also said that the credit hold has affected their ability to obtain the needed scopes for endoscopy cases, since they have four that are broken. However, the OR director said that Olympus, a medical supply vendor, is working with them.

Overall, all clinical spaces toured for the OR, Pre-op/PACU, SPD were clean with no clutter noted. The staff members were busy. In the SPD, the manager and staff shared that they had the supplies and equipment to do their jobs. They did not report any problems with sterilizing equipment.

At the end of the tour, the timing coincided perfectly with the interdisciplinary huddle that occurred in preparation for the cases for the next day with the OR director, a financial representative, the surgery scheduler and the pre-op staff who ensures that the patients' records are complete prior to the day of surgery. They went through the five cases on the schedule for the next

day and discussed potential pitfalls or difficulties that were occurring with ensuring the patient could go to surgery the next day. They left the meeting with action items and intended to reach out to the responsible parties to complete the tasks needed to either proceed with surgery or reschedule the surgery until the patient would be clinically and financially ready.

## **VII. Central Supply**

The Ombudsman's representative, the DQM and the RM were greeted by the department manager and a supply tech in Central Supply on the day of the visit. The area was compact, but organized well with rolling shelves. The team reported having sufficient supplies and equipment to support Hospital operations. They had at least 12 code carts that were ready to be deployed within the Hospital. They have a process for ensuring that expiration dates were monitored, and supplies replaced timely. The department was neat and there were no concerns noted.

## **VIII. Pharmacy**

The Hospital pharmacy was staffed with two pharmacists, multiple technicians, and the pharmacy director was present to greet the Ombudsman's representative, the DQM and the RM. The pharmacy was \ neat and orderly. The pharmacist told the Ombudsman's representatives that they have had no problem with maintaining an adequate supply of drugs, with the exception of those medications that are on known national backorder (such as epinephrine and lorazepam). These medications are watched closely and if a supplier is not able to stock these medications, the pharmacy reaches out to other Steward Hospitals to obtain what is needed. The pharmacy manager reports that they stock the medications in the code carts once opened or if expiring soon.

The director reported that they occasionally do compounding and showed the ombudsmen the designated space. The compounding room was noted to be clean. The director stated that they are designated as a low risk compounding pharmacy. They have a rigorous process for cleaning

the compounding room, which includes a thorough cleaning each shift and a weekly deep clean. This pharmacy is like the other local pharmacy in that they only add up to three ingredients to an IV bag. For more complex compounding and TPN, they use a contracted compounding pharmacy.

#### **IX. Case Management**

The Ombudsman's representatives, DQM and RM met with the Director of Case Management in their centralized department. The Director supervises a group of nurses and social workers. They have a centralized utilization review/utilization management service with Steward, and focus on elevating referrals to assist with difficulty in getting insurance coverage, durable medical equipment, etc.

The Director was asked for information on a patient with a challenging discharge. The patient was initially admitted for sepsis and has been an inpatient for an extended period. This patient's family is requesting that the patient be discharged to a long-term care facility that is close to them. The patient, located in Miami, would need to be transported to New York. The patient does not have adequate insurance coverage for this level of care and it has been difficult to find an adequate receiving facility. Upon entering the patient's room, the patient was receiving nursing care. It was apparent that the patient was not able to communicate.

Because of the patient's inability to meet with the Ombudsman's representative, the discharge planner suggested an interview with the patient's roommate. This patient was admitted two days prior for an asthma exacerbation. The patient told the Ombudsman's representative that they received great care, good food and comfortable accommodations. The patient had no complaints and is looking forward to returning home soon.



**X. Kitchen**

The tour of the kitchen included the Ombudsman's representatives, the DQM, the RM and the Kitchen Manager. The Ombudsman's representatives were informed that coolers one, nine, 11 and 12 are inoperable and beyond repair. The Hospital has requested a second opinion on this finding made by a technician. The warmer for the doctor's dining room is also inoperable and the unit will be replaced. A quote has been submitted to the corporate office. One day prior to the tour, the dishwasher stopped working due to a hose that burst. Repairs of the dishwasher were underway. Because of this, the kitchen was currently serving all meals with disposable dishes and cutlery.

The kitchen was clean on the day of the visit. There was no debris noted in any space other than where current food preparation was underway. All equipment, shelves and surrounding services were neat, clean and free of debris. There were no opened, unlabeled food containers noted. There was no corrugated cardboard present in the workspace. The dry storage area was neat and well organized. The manager reported that they have enough emergency supplies on hand for seven days.

The operable coolers/freezers were inspected. All food was neat, organized and labeled with the Morrison orange stickers to indicate expiration dates. Temperature logs were present on all coolers and freezers and were up to date with monitoring documentation. The manager was very knowledgeable with safety practices in her department. The manager identified emergency shut offs and eye wash stations, which were all located adequately.

As the tour was completed, the staff were busy taking temperatures for food service. The temperature log showed the temperatures that were taken after preparation, and then the current temperatures before plating. All hot food temperatures ranged from 151 to 181 degrees. The tray line began and the kitchen staff worked seamlessly to plate the ordered diets for each patient.

## **XI. General Impressions**

The Hospital is located in a low economic demographic area. There are many patients on medical assistance, so the payor mix is difficult to manage. The President/CEO managing the Hospital is also the President of Palmetto Hospital. He accepted this extra role in the last six months to turn around the operations at the Hospital. There are a lot of equipment and physical plant issues that need to be fixed at the Hospital. He has a challenge ahead of him. The non-functioning equipment at this Hospital included:

- Two chillers.
- One Boiler.
- A lift pump station.
- Four elevators.
- Dishwashing machine.
- Four broken endoscopy scopes.